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NURSING FOCUS

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SUMMARY OF REPORT

The University of
Saint Francis Hosts
the ISBN Board
Meeting

BENIGN
Chronic Pain
and **ADDICTION**



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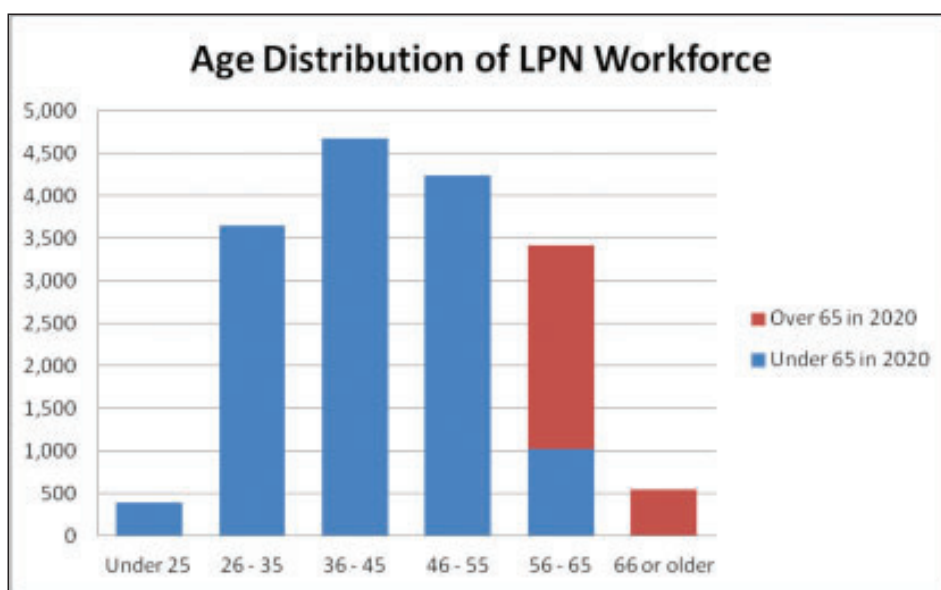
SUMMARY OF REPORT

Indiana's healthcare workforce is composed of many types of health professionals. Making information available about these professionals is critical to ensure that Indiana residents have access to high quality care and to develop training programs that recruit and retain talented practitioners in Indiana communities. Information on Indiana's healthcare workforce is gathered during each profession's biennial license renewal period. Here is a look at the first analysis of Indiana's LPN workforce, based on data collected from a voluntary survey given to LPNs when they renewed their licenses (or licensed for the first time) in 2012. The information gathered during this licensure cycle will serve as a baseline for comparison with future LPN surveys.

There were 26,755 LPN licenses issued or renewed in 2012. However, not all of these LPNs were actively practicing and not all licensed LPNs were practicing in Indiana. Defining Indiana's LPN workforce is the first task on the road to understanding it. For the purpose of this analysis the only LPNs included were those who (1) responded to the voluntary survey; (2) were actively working in nursing; and (3) listed an Indiana practice address as their primary workplace. By filtering out LPNs who were not actively practicing in Indiana we can look at just the LPN workforce that was actually providing healthcare to Indiana residents. Of the 26,755 LPN licensees, 16,937 (63.3%) met all three criteria. The demographic and professional characteristics of these 16,937 LPNs are discussed below.

The LPN workforce serving Indiana communities is primarily composed of females (94.5%) who are white (86.0%) and non-Hispanic (97.8%). Hispanic practitioners were underrepresented in the LPN workforce (2.2% of LPN workforce; 6.0% of Indiana's population). Furthermore, only 1.8 percent of LPNs spoke fluent Spanish. An LPN workforce that more closely mirrors the demographics of the population which they serve benefits Indiana residents who may be more comfortable being treated by a practitioner who understands and shares their culture and language.

Most LPNs were between 26 and 65 years of age with the largest concentration between the ages of 36 and 45. There were very few LPNs who were younger than 26 or older than 65 years old. The ages of LPNs are shown in 10 year categories in the graphic below. In the figure, the blue area of each bar represents LPNs who will be under 65 years old in 2020 and the red area represents LPNs who will be older than age 65 in 2020. This is a way to estimate the number of LPNs who will likely retire by the year 2020. Approximately one of every six LPNs will be over the age of 65 by 2020. New LPNs will need to be trained to replace this segment of the workforce and ensure there are enough LPNs available to fulfill the needs of Indiana communities.



The most common role that LPNs play in Indiana's healthcare workforce is providing long-term care for elderly patients who are either permanently or temporarily living in an assisted living facility. Nearly half of all LPNs (47.9%) reported their work setting as either a long-term extended care facility or a long-term acute care facility and 72.8 percent of LPNs reported working with elderly patients. The aging of the baby boomer generation will lead to an increased need for staff at long-term care facilities.

The map on page 8 illustrates where LPNs practice. The

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map shows the number of LPN full-time equivalents (FTEs) in each Indiana county compared to its population. One FTE is defined as an LPN working 30 hours or more per week. Therefore, LPNs who reported working less than 30 hours per week were counted as a fraction of one FTE to provide a more accurate estimate of the amount of service provided by the LPN workforce. Counties with fewer LPN



FTEs per population could be facing a shortfall of LPNs to fill needed positions. Rural counties tended to have the lowest ratios of LPNs to population, but some urban counties such as Hamilton and Hancock also had low numbers of LPN FTEs compared to their population.

Registered nurses (RNs) are the other large segment of Indiana's nursing workforce, and the RN workforce was also surveyed during its 2011 licensure period. There were 98,235 RN licenses issued or renewed in 2011. Of the 98,235 RN licensees, 53,591 (54.6%) were actively working in nursing, listed an Indiana address as their primary work location, and completed the information survey.

Indiana's RN workforce was less diverse than its LPN workforce. While 86 percent of LPNs were white (which was roughly equal to Indiana's general population), more than 95 percent of RNs were white. Both the RN and LPN workforces had few Hispanic practitioners (1.8% and 2.2%, respectively). As in the LPN workforce, a more diverse RN workforce may be beneficial to minority patients who are more comfortable being



treated by someone from their own racial and cultural background.

While LPNs tended to work in long-term care facilities, RNs most commonly worked as staff nurses in acute care settings. Some nursing positions were unique to either RNs or LPNs, but many jobs were filled by nurses under either licensure.

The 2012 licensure renewal period is the first time that information on Indiana's LPN workforce has been collected and analyzed. In coming years, this evaluation will serve as a baseline against which future data on the LPN workforce can be

compared. If you are interested in a more detailed analysis of the data collected on LPNs, RNs, or other health professions, full reports on each are available on the web at <http://ahec.iupui.edu>, and then click Health Workforce Studies from the gray menu bar. The ability to track trends in the LPN and other health care professional workforces will result in improved recruitment, training, and retention of high quality healthcare providers and can help shape future policy decisions. Ultimately, these improvements will lead to better health outcomes for Indiana communities and a more effective healthcare system.

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DRIVEN BY CAREGIVING GOALS

India Samuels, a 2013 graduate of Ball State University's online master's in nursing program and an ICU nurse in a VA hospital, has lots of goals for her nursing career. So when she imagined someday opening a community center for veterans or programs to address teenage pregnancy and domestic violence, Samuels knew she needed graduate work.

"I knew that **Ball State had an excellent reputation** among my fellow nurses," says Samuels, who pursued the family nurse practitioner track so she could give care to all populations.

"And I wanted to be a **strong advocate for all members of the family**, whether it be children, the elderly, women's health, those in all stages of life."

The University of Saint Francis Hosts the ISBN Board Meeting

By Amy Knepp, NP-C, MSN, RN; Megan Winegarden, MSN, EdM, RN, CNE;
Carla Mueller, PhD, RN; Mindy Yoder DNP, FNP-BC, RN

The University of Saint Francis was pleased to host the Indiana State Board of Nursing (ISBN) monthly board meeting in Fort Wayne, Indiana on Thursday, September 19, 2013. In spring 2013, the Nursing Department was asked to host this meeting in an effort to allow those in our geographical area to attend and understand how the Board functions and to experience the workings and oversight of its governing processes. In planning for their visit, the Chair of the Department, Amy Knepp, BSN Program Director, Megan Winegarden, and Nursing Department staff member, Anne Kirk met with ISBN Director, Libby Kiefner Crawford, and Connie McIntosh, ISBN board member, to set the specific plans for this event.

Planning required reserving meeting rooms, designing the set up for the board personnel and Attorney General, providing menu selections for lunch, attending to technology needs, ensuring security, and accessibility to campus for all visitors. Attention to detail by support staff, Anne Kirk, was crucial in the success of the event.

On the eve of the board meeting, USF nursing faculty and leaders of the USF Student Nurse Association, enjoyed dinner and conversation with two board members and two board staff. Questions were welcomed by the board and topics included NCLEX-RN examinations, advanced practice scope of practice, the Indiana Nurse Act, National Council of State Boards of Nursing work in relationship to the Institute of Medicine Report (2010), social media, and other various topics. Faculty and students appreciated the time and information shared by the board members as well as their openness to questions related to nursing education and nursing professional practice.

Over 500 students, faculty and nurses from around the state attended the meeting. Students were especially impacted by the Board's proceedings as they observed various sanctions to licenses and the consequences of nurses who drink and drive, divert medications and are involved in other criminal activities. USF senior BSN students gained awareness that, "nurses are nurses 24 hours a day and their actions outside of work can impact their licensure status." Ashley Barnett reported that it was "a privilege to be in attendance at the ISBN meeting." Abby Pettigrew echoed these sentiments and mentioned, "This was by far one of the best experiences I have been given during my time as a nursing student." Alyssa Heidenreich noted, "Without a doubt, the most important matter at hand during the hearings was public and patient safety. However, the ability to have compassion for others is a component of nursing

that cannot be forgotten...While suspension was legally and ethically indicated in several of these cases, the opportunity for remediation should not be denied." The NCSBN (2011) reported that lack of education is one of the top four risk factors for substance abuse among nurses. Ben Hanenkratt reported that current literature suggests that up to 20% of the practicing nursing profession have substance abuse issues. Fear of punishment keeps many from asking for help and recommending help to colleagues (Monroe & Kenaga, 2010). "This fact highlights an area for improvement in nursing involving increased awareness of regulations, laws, and most importantly resources for nurses who may be struggling with addiction" (Heidenreich). Several USF graduate students (who were already RNs) were in attendance and were equally impacted. Anne Remington noted "All practicing nurses should attend an ISBN Board Meeting to better understand the importance of our work as nurses and the work of the ISBN." Impressions made from the Board actions and the public forum of the meeting will have life and behavior changing implications for the future for all the attendees.

Thanks to ISBN for this wonderful experience in furthering our understanding of the board's work and governing processes! As administrators and faculty, we reflected further on how our Nursing Department can continue in developing nurses who understand the governing processes of the board and expand their work in providing quality nurses for the profession. Holding a regular ISBN meeting in a different area of the state was a wonderful idea to make the meeting more accessible to nurses and students in northeast Indiana.

Authors: (1) Amy Knepp, NP-C, MSN, RN, (2) Megan Winegarden, MSN, EdM, RN, CNE (3) Carla Mueller, PhD, RN; (4) Mindy Yoder DNP, FNP-BC, RN

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FAQ

INBN FREQUENTLY ASKED QUESTIONS

Q. Can I obtain a temporary permit to work as a nurse in Indiana?

Yes, if you are a nurse licensed in another state you can apply for a temporary permit as part of the regular application process. Nurses who are applying for licensure by examination are not eligible for a temporary permit.

Q. When would I need an additional controlled substance registration?

A practitioner must hold one CSR in order to prescribe controlled substances in the State of Indiana. An additional, separate registration is required for each practice address at which a practitioner physically possesses controlled substances to administer or dispense. A separate registration is not required for each place where a practitioner merely prescribes controlled substances. One valid CSR is sufficient for a practitioner to prescribe controlled substances throughout the State.

Q. I lost my license or my license was stolen. How do I get another?

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BENIGN CHRONIC PAIN AND ADDICTION

By Robin Riebsomer RN CAS LMHC
ISNAP Intake Coordinator

One of the difficulties with which some nurses have to cope is chronic benign pain syndrome. It is also one of the precipitators that can lead to either physical dependence on opiates and/ or benzodiazepines due to indefinite prescription drug use or actual prescription drug abuse.

Many nurses are now working 12 hour shifts. All nurses walk on concrete when working in hospitals and nursing homes. Nurses often injure their backs, shoulders, knees, or feet while working. As nurses age the cumulative stress of the physical labor inherent in nursing often leads to a chronic benign pain syndrome. As nurses grow older, many will struggle with arthritis and/ or fibromyalgia. Other nurses suffer with chronic migraine headaches or TMJ.

Many pain specialists who work with benign chronic pain have treatment centers which are abstinent based. These treatment centers use alternative methods for treating chronic pain and will not place their clients on controlled substances. They also tend to be more holistic in their treatment interventions.

These specialists start with a detailed assessment which includes the client's prior treatment. They explore which interventions and medications have been the most efficacious for their clients during the assessment process.

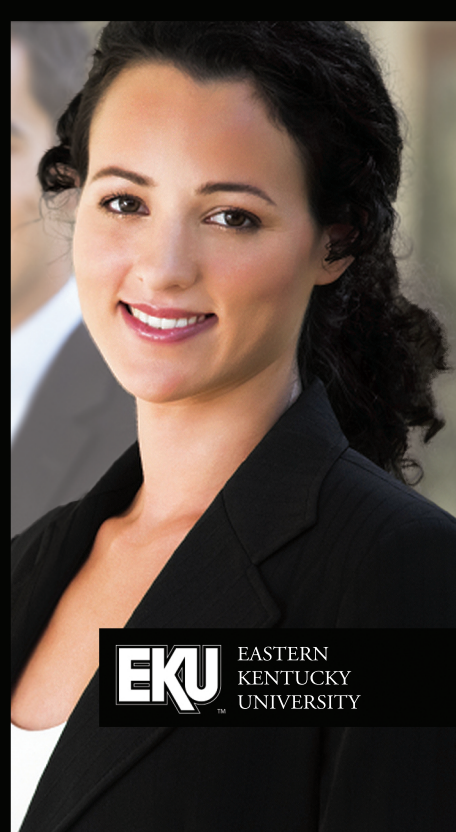
If the client agrees to enter treatment with an abstinent based provider, they usually have the client keep a journal of their pain level on a daily basis along with the stresses they encountered, and what interventions were beneficial.

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Alternative interventions that they may prescribe include one or a combination of the following:

- Prescriptions for antidepressants
- Long acting NSAID medications
- Steroid injections
- For migraine headaches Beta blocker or a vasoconstrictor ie Imitrex
- Physical Therapy/TENS units
- Stretch Exercises
- Facet Rhizotomy
- Massage Therapy
- Acupuncture Yoga
- Biofeedback/Relaxation therapy
- Cold packs Heat Packs

Pain specialists who are not abstinent based usually prescribe a long acting opioid with a short acting opioid for break through pain.

Pregnant women with benign chronic pain who are taking controlled substances put the fetus at greater risk for complications including addiction. Opiate withdrawal during pregnancy can lead to miscarriage. Therefore these women have high risk pregnancies and must be monitored carefully by their obstetrician.

Many nurses are poor at caring for themselves because they have a pattern of taking care of everyone and everything but themselves. Nurses who do not adequately care for themselves are at greater risk for reinjuring themselves on the job especially if they are taking controlled substances while working. They are also at risk for exacerbating their pain because they have difficulty accepting the limitations inherent with benign chronic pain.

Any nurse with long term use of opiates for chronic pain who wants to discontinue the use of opiates and/or benzodiazepines should do so under the close supervision of a physician. Withdrawal from opiates can be painful. The rebound pain during withdrawal can become intolerable for some nurses and other complications such as suicidal thoughts can occur. Withdrawal from benzodiazepines can be life threatening especially if the nurse has elevated vital signs and/or seizures.

If a nurse who has been taking opiates for more than 6 months has a complaint filed on his or her license or is scheduled to appear before the Board of Nursing, it is in that nurse's best interest to contact ISNAP so that a substance abuse assessment can be completed prior to that nurse's appearance or to help resolve the complaint filed against the nurse's license. If that nurse is assessed as having a substance use disorder by



“Unfortunately for some nurses, long term use of prescriptions for controlled substances leads to increased tolerance and eventually, physical dependence and/or prescription drug abuse.”

Unfortunately for some nurses, long term use of prescriptions for controlled substances leads to increased tolerance and eventually, physical dependence and/or prescription drug abuse. Some nurses with these prescriptions eventually divert controlled substances from their employer.

Due to the increased risk for patient safety and due to the increased risk of substance dependence in nurses, any nurse seeking treatment for benign chronic pain would be well advised to seek out a pain specialist who is abstinent based.

Nurses with benign chronic pain have informed our treatment providers that 12 hour shifts markedly exacerbate their pain. Many nurses with chronic benign pain have to seek nursing positions which are far less physically taxing due to increasing limitations.

the ISNAP team, it is in that nurse's best interest to come into monitoring with ISNAP.

If you or any of your peers need assistance with the discontinuance of controlled substances due to physical dependence and/or prescription drug abuse, please contact Robin Riebsomer the intake coordinator for ISNAP at 1-800-638-6623 extension 107 or Chuck Lindquist the ISNAP program director at extension 101. ISNAP is the monitoring program for nurses with substance use disorders. The ISNAP team refers nurses to treatment providers and then monitors each nurse's recovery progress. You can learn more about the ISNAP program at the ISNA website indiananurses.org. The ISNAP link is located at the bottom right of the website.

WHITE PAPER:

A Nurse's Guide to the Use of Social Media

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INTRODUCTION

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually

anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

continued >>



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AN ILLUSTRATIVE CASE

The following case, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her "little handicapper," there were comments about a wheelchair and the child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient's family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient. media focus.

<< continued

CONFIDENTIALITY AND PRIVACY

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the

information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

POSSIBLE CONSEQUENCES

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

BON IMPLICATIONS

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication;
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of

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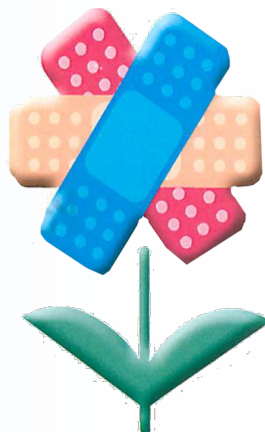
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LaTonia Denise Wright, RN, BSN, JD

Attorney at Law in OH, KY & IN
Registered Nurse in Ohio
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before the State Nursing Boards in
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<< continued from page 14

nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

OTHER CONSEQUENCES

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future

employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care



delivery team and may result in sanctions against the nurse.

COMMON MYTHS AND MISUNDERSTANDINGS OF SOCIAL MEDIA

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media.

These may include:

A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.¹ The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

A mistaken belief that content that

has been deleted from a site is no longer accessible.

A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.

A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.

Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

HOW TO AVOID PROBLEMS

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.

Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from

¹ One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHeXcA>

transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.

Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.

Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.

Do not refer to patients in a disparaging manner, even if the patient is not identified.

Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution

computers, cameras and other electronic devices and use of personal devices in the work place.

Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

CONCLUSION

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

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"The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality."

when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.

Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

Promptly report any identified breach of confidentiality or privacy.

Be aware of and comply with employer policies regarding use of employer-owned

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Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license

has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

May 16, 2013 Board Meeting

NAME	License #	Board Action Taken
Glenna Myers	27034149A	Notice of Proposed Default
Branden Johnson	28184454A	Indefinite Suspension
Tiffany McCloud	27050168A	Notice of Proposed Default
Elizabeth Boleck	27065379A	Objection to Recommended Findings of Fact denied
Citiria Porter	27056596A	Indefinite probation
Deshone Jones-Polk	28193575A	Continued
John Allen Collins	28101019A	Notice of Proposed Default
Pamela Majors	27039387A	Notice of Proposed Default
Lauryn Reams	27069497A	Summary Suspension
Chanda Thie	28176759A	Indefinite Suspension
Regina Daniel	27033794A	Notice of Proposed Default
Demond Arnold	27066079A	Continued
April Miller	27067604A	Notice of Proposed Default
Russell Whannel	28194883A	Probation Withdrawn
Julie Osborne	27064906A	Probation Withdrawn
AdriAnne Jones	28144275A	Summary Suspension
Jennifer Richardson	27061618A	Summary Suspension
Kelly Dean	27051981A	Probation Withdrawn
Vanessa Fitzgerald	28207407A	Summary Suspension
Carol Allison	28131644A	Petition for Summary Suspension denied
Laurie Bogan	28082890A	Summary Suspension
Audra Freels	28142225A	Summary Suspension
Cynthia Pugh	28145990A	Summary Suspension extended
Joshua Goin	28186256A	Indefinite Suspension; \$500.00 fine
Angela Bond	28156129A, 277047179A	Indefinite Suspension
Brittany Klein	27066070A	Notice of Proposed Default set aside
Elizabeth Salyers	28141729A	Indefinite Suspension
Jo Anne Grieco	27046160A	Indefinite probation
Pamela Majors	27039387A	Indefinite Suspension; \$500.00 fine
Tonya Campbell	27051426A	Indefinite Suspension; \$250.00 fine
Anna Deal	28158380A	Indefinite Suspension
Brunner Gilbert	27063544A	Indefinite Suspension
Randy Rogers	28116325A	Reset
Suzanne Casper	27064771A	Indefinite Suspension for no less than 25 years; \$750.00 fine
Michelle Binkley	28169337A	Remain on probation
Amy Simpson	27032791A	Indefinite Suspension
Jaclyn Cosgray	28170412A	Settlement accepted
Norma Spaulding	28100633A	Settlement accepted
Lisa Miller	27063373A	Settlement accepted
Robert Weeks	28130120A	Settlement accepted
Barbara Lozanovski	28153866A	Settlement accepted
Rhonda Colburn	28080695A	Settlement accepted
Michelle Ward	28171975A	Settlement accepted
Shamarey Cooley	27031611A	Settlement accepted
Chelsea Oswald	27061201A	Settlement accepted
Nicole Moore	27061201A	Settlement accepted
Janet Grasberger	28109956A	Settlement accepted
Jill Patterson	28163741A, 71001927A&B	Settlement accepted
Michael Allison	28162656A	Settlement accepted
Zetra Allen	28125758A	Settlement accepted

NAME	License #	Board Action Taken
Rhonda Irving	27043115A	Settlement accepted
Tonya Bowen	27052610A	Settlement accepted
Tabatha Franks	27047331A	Settlement accepted
Stacy Henderson	27042980A	Settlement denied
Robin Knust	28124604A	Settlement accepted
Stacey Sarver	27043043A	Settlement accepted
Nancy Cole	28186536A	Settlement accepted
Samuel Riggle	27038063A	Settlement accepted
Julie Dunigan	27028172A	Settlement accepted
Annette Sherer	28192919A, 27063578A	Settlement accepted
Sharon Lancaster	28171531A	Settlement accepted
Marilynn Collins	27047180A	Settlement accepted
Kelly Ottinger	27059071A	Settlement accepted
Sarah Himmelhaver	28174625A	Settlement accepted
Rita Nayiga	28131211A	Settlement accepted
Misty Crague	27054635A	Settlement accepted
Jocelyn Baldwin	27055523A	Settlement accepted
Kathleen Sellers	28099838A	Settlement accepted
Samantha McClain	27053409A	Settlement accepted
Amanda Oak	28157749A	Settlement accepted
Natalie Smith	28184021A	Settlement accepted
Margaret Weintraut	27021391A	Settlement accepted
Heather Tharbs	27069096A	W/D probation denied modified probation
Shawna Teasley	28186803A	Probation modified





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Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license

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Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

NAME License # Board Action Taken June 20, 2013 Board Meeting continued

Michael Miller	27044831A	Probation Withdrawn
Mary Serrano	28119497A	W/D probation denied must do a refresher course with a clinical component and come back before the Board
Sharon Kluzinski	28149004A	Probation Withdrawn
Constance Crawford	27051878A	W/D probation denied
Thomas Meyer	28171260A	Reinstated on indefinite probation for 10 years
Tammy Walker	27051464A	W/D probation denied
Jennifer Link	28159431A	Probation Withdrawn
Patricia Pence	27039250A	Reset
Michael Sinkula	28205103A	Probation Withdrawn
Adam Chambers	27067647A	Reinstated on indefinite probation
Barry Cherry	27052247A	Notice of Proposed Default
Robbie Valentic	27058493A	Notice of Proposed Default
Anissa Farrell	27040942A	Notice of Proposed Default
Cynthia Bolenbaugh	28129081A	Notice of Proposed Default
Phyllis Grice	28205796A	Dismissed
Lisa McDaniel	28172031A	Indefinite Suspension
Jessica Cazzell	28194716A	Continued
Deshone Jones-Polk	28193575A	Dismissed
Joanna Shaneyfelt	28178390A	Request to reinstate denied
Sam O'gonuwe	28162580A	Probation withdrawn
Stacy Dunning	27048690A	Indefinite Suspension; \$250.00 fine
Maryellen Weigand	28102257A	Notice of Proposed Default
Kathryn Mitchell	28149041A	Request to w/d probation denied
Malissa Conley	28163447A	Dismissed
Chrystal Carpenter	27046379A	Summary Suspension
Lisa Scarth	27046263A	Probation withdrawn
Sarah Hawes	28175405A	Summary Suspension
Connie Rollins	27047708A	Summary Suspension
Jane Armstrong	28125446A	Summary Suspension
Maranda Wood	28192222A	Summary Suspension
Catherine Fisher	27043320A	Summary Suspension
Michelle Bray	28150539A	Indefinite Probation
Dawn Ogle	27049810A	Continued
Stacy Henderson	27042980A	Indefinite Suspension
Demond Arnold	27066079A	Indefinite Probation
Gwendolyn Swartzentruber	28201376A	Notice of Proposed Default
Leslie White	28057278A	Request for modification of final order granted
Mitchell Bales	28177659A	Tabled
Michael Frasher	27044238A	Reset for PHSC
Cecelia Turner	27060648A	Revoked
Kristy Ault	28140180A	Indefinite suspension; \$250.00 fine
Shawn Barnes	28192416A	Indefinite suspension
Jon Mobley	28100308A	Indefinite suspension; \$250.00 fine
Alishis Capps	27066538A	Revoked
Angela Santos	28167126A	Indefinite Suspension

NAME License # Board Action Taken

Amie Woodward	27060430A	Indefinite Suspension; \$750.00 fine; \$750.00 fine
Juliana Moody	28179808A	Indefinite Suspension
Lisa Grammer	27029099A	Indefinite Suspension
Randi Gregory	28174763A	Indefinite Probation; \$250.00 fine
Felicia Whitlock	27025168A	Indefinite Probation; \$250.00 fine
Tammy Aubuchon	27044004A	Reset for PHSC
Rebecca Guzman	27041540A	Indefinite Suspension
Regina Daniel	27033794A	Indefinite Suspension; \$500.00 fine
John Collins	28101019A	Indefinite Suspension for no less than 99 years
April Miller	27067604A	Indefinite suspension; \$250.00 fine
Pamela Majors	27039387A	Indefinite Suspension
Amanda Rhoades	27046407A	Notice of Proposed Default
Gaspar Dala Cruz Dado	27054062A	Notice of Proposed Default
Beverly Stillson	28087476A	Notice of Proposed Default
John Dornbush	28107480A	Notice of Proposed Default
Seleste Roehm	27055446A	Settlement accepted
Susan Napier	28144429A	Settlement accepted
Dana Chismar	28185038A	Settlement accepted
Glenna Meyers	27034149A	Settlement accepted
Ashley Tuffley	28195723A	Settlement accepted
Jennifer Cox	27064424A	Settlement accepted
Michelle Sabelhaus	28190570A	Settlement accepted
Melanie Dickson	27048637A	Settlement accepted
Kristy Working	27032893A	Settlement accepted
Sharon Pardieck	28075807A	Settlement accepted
Gewana Stringer	27053143A	Settlement accepted
Nancy Grover	28107587A	Settlement accepted
Sheva Robinson	27052073A	Settlement accepted
Bernice Roberson	27043020A	Settlement accepted
Jayne Chayhitz	28151646A	Settlement accepted
Corrina Burger	27059810A	Settlement accepted
Samantha Schuelke	28144224A	Settlement accepted
Laura Smith	27052519A	Settlement accepted
Rebecca Doyon	27045513A	Settlement accepted
Crystal Taylor	27058302A	Settlement accepted
Rebecca Davis	28161191A	Settlement accepted
Audra Freels	28142225A	Settlement accepted
Dawn McCrory	27049403A	Settlement accepted
Melissa Allen	27062333A	Probation withdrawn
Sarah Birch	28175037A	Probation withdrawn
Troy Davis	27064264A	Reinstated on indefinite probation
Alexander Gates	28183458A	Probation withdrawn
Ashley Kenyon	28183458A	Probation withdrawn
Tracy Peckinpugh	28166541A	Probation withdrawn
Christy Rossman	28157906A	Request to reinstate denied may return in October
Karen Townsend	28117871A	Request to w/d probation denied

June 20, 2013 Board Meeting continued

NAME License # Board Action Taken

Elizabeth Williams	27043462A	Request to w/d probation denied
Tami Wilson	28160579A	Probation withdrawn
Shawn Windle	28138098A	Probation withdrawn
Marci Fawks	28132879A	Reinstated on indefinite probation
Jayne Clark	28198416A	Reinstated on indefinite probation

July 18, 2013 Board Meeting

Ashley Brochin	28157975A	Continued
Tracy Stucker	27060418A	Indefinite Suspension
Ruth Ann Ciorianu	28091771A	Summary Suspension
Brittany Klein	27066070A	Notice of Proposed Default
Randy Rogers	28116325A	Continued
Jeanne Sims	28108844A	Indefinite Probation
Shelley Osborn	28153694A	Notice of Proposed Default
Yhaneka Kilpatrick	27062543A	Continued
Marjie Sawyer	28103780A	Continued
Jessica Cazzell	28194716A	Dismissed
Susanna Newman	27053377A	Notice of Proposed Default
Jean Marie Hicks	28113456A	Indefinite Probation
Mitchell Bales	28177659A	Voluntary dismissal
Teresa Marie Rowe	27035389A	Summary Suspension
Richard McDole	28191207A	Summary Suspension
Jamia Romero	28173344A	Summary Suspension
Justin Elkins	27065130A	Summary Suspension
Cindy Elkins	28152448A	Summary Suspension
Justin Sirinek	28206228A	Summary Suspension
Valerie Roll	28181262A	Summary Suspension
Melissa Page	27066630A	Summary Suspension
Colette Ficklin	28180942A	Summary Suspension
Lisa Keown	27043236A	Summary Suspension
Susan Baker	28050849A	Summary Suspension
Jennifer Richardson	27061618A	Indefinite Suspension
Claudia Sanchez	27057329A	Indefinite Suspension; \$250.00 fine
Ryan Thomas	28173928A	Indefinite Suspension
Laurn Reams	27069497A	Indefinite Suspension
Robin Walter	28102916A	Indefinite Suspension
Steven Lewis	27035724A	Indefinite Suspension for 99 years
Trisha Paresa	28131089A	Indefinite Probation; \$250.00 fine
Sherrill Rosener	27055291A	Letter or Reprimand; \$250.00 fine
Sheema Vincent	28189931A	Revoked
Tiffany McCloud	27050168A	Indefinite Suspension
Gaspar Dala Cruz	27054062A	Indefinite Suspension for no less than 99 years
Dado		
Gwendolyn Swartzentruber	28201376A	Indefinite Suspension
Amanda Rhoads	27046407A	Indefinite Suspension; \$250.00 fine
Melanie Nevil	27054012A	Notice of Proposed Default
Amy Dursin	28170020A	Notice of Proposed Default
Angela McClure	28160390A	Notice of Proposed Default
Vanessa Fitzgerald	28207407A	Notice of Proposed Default
Ashley Tapp Roberts	28192548A	Notice of Proposed Default
Deidra Tidwell	28189473A	Notice of Proposed Default
Daniel Armstrong	28181858A	Notice of Proposed Default
Julie Davis	27025149A	Notice of Proposed Default
Rebecca Harrison	27064151A	Notice of Proposed Default
Ronald Hacker	28200453A	Settlement accepted
Lois Brandon	28077663A	Settlement accepted
Charonna Harrod	28140200A	Settlement accepted



Amanda Kidwell	27056438A	Settlement accepted
Corina Burger	27059810A	Settlement accepted
Barry Cherry	27052247A	Settlement accepted
Janessa McKinnley	28195546A	Settlement accepted
Teresa Deafenbaugh	27064656A	Settlement accepted
Michelle Cook	27066384A	Settlement accepted
Janet Graf	28151776A	Settlement accepted
Cassandra Roeder	28123027A	Settlement accepted
Amanda Chevalier	27058065A	Settlement accepted
Melanie Pal	28172069A	Settlement accepted
Jenni Hartsuff	28176386A	Settlement accepted
Marietta Herod	28093838A	Settlement accepted
Rochelle Streeter	27058106A	Settlement accepted
Benjamin Mullins	27059161A	Settlement accepted
Brooke Bussberg	28164561A	Settlement accepted
Beverly Stillson	28087476A	Settlement accepted
Julie Steele	27039970A	Settlement accepted
Mark Burris	27033151A	Settlement accepted
Kristina Walls	27062157A	Settlement accepted
Shan Ashurst	27014770A	Indefinite Probation
John Campbell	28141025A	Probation withdrawn
Amanda Follrod	27061598A	Probation withdrawn
Chelsea Fosdick	28202261A	Request to w/d probation denied will remain on probation with modifications
Donald Fryling	28174901A	Probation withdrawn
Scottie Gabbard	27069166A	Probation withdrawn
Peggy Jo Gregory	28113553A	Reinstated on indefinite probation
Joshua Harper	28191862A	Probation withdrawn
Helen Johnson	27059222A	Probation withdrawn
Kimberly Kivett	28198741A	Probation withdrawn
Kristie McCoy	27051582A	Probation withdrawn
Theda Miller	28178479A	Probation withdrawn
Lori Moore	28151008A	Probation withdrawn
Tami Morfey	28163628A	Probation withdrawn
Kara Theil	28204188A	Probation withdrawn
Claudia Wisma	28090798A	Reinstated on indefinite probation

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NURSING BOARD MEMBERS

Members of the Indiana State Board of Nursing are gubernatorial appointments. They are individuals devoted to advancing and safeguarding the nursing profession in the state of Indiana. Their main duties involve setting standards and accrediting nurse education programs preparing individuals for licensure, licensing individuals prepared and competent to practice nursing, and disciplining licensees found to have violated nursing regulations.

The Board meets on the third Thursday of each month in the auditorium of the Indiana Government Center South, in Indianapolis, Indiana. Board members conduct business that includes discussing issues of interest to the nursing profession, reviewing applications for licensure, reviewing accreditation requests made by nurse education programs, and conducting disciplinary hearings. The monthly meetings begin at 8:30 a.m. local time and are always open to the public; all interested individuals are encouraged to attend.

2014 INDIANA STATE BOARD OF NURSING MEMBERS

Constance McIntosh, <i>President</i>	Muncie, Indiana
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Karen Dolk, <i>Secretary</i>	Lafayette, Indiana
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You may write to any of the Board members by sending your letter to:
(Board Member's Name)
Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

2014 FULL BOARD MEETING DATES

Full Board Meetings are conducted in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, IN. All meetings are conducted in the Conference Center Room 1 at the Indiana Government Center South. If you have any questions about attending a meeting, you may contact the Board at (317) 234-2043 or via e-mail at pla2@pla.in.gov. Meeting agendas will be available at <http://www.pla.in.gov/> approximately one week prior to the meeting.

January 16, 2014
February 20, 2014
March 20, 2014
April 17, 2014
@ Valparaiso University
May 15, 2014
June 19, 2014

July 17, 2014
August 21, 2014
September 18, 2014
October 16, 2014
November 20, 2014
December 11, 2014

*Dates subject to change

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